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Application Number Filing Date 101672,382 Applicant(s) MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT AMENDMENT** Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend .31 Total Indep Indep Total Total Depend Depend Total Total Claims

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cancel claims 1-17,26 amended claims are 18,2427 Add new claims 29-34